

1500 - 20TH STREET
SAN FRANCISCO, CA 94107
415-920-0423
415-920-0427 Fax

Attorneys for Nathan Gardner

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

NATHANIEL GARDNER) NO. CV 08 - 1248 VRW
Plaintiff,)
vs.) PROOF OF SERVICE ON
THE UNITED STATES DEPARTMENT) THE DRUG ENFORCEMENT AGENCY
OF JUSTICE; THE DRUG)
ENFORCEMENT ADMINISTRATION;)
and THE PERSON(S) CURRENTLY ON)
RECORD TITLE TO 1955 FORD)
THUNDERBIRD VIN. # P5FH235863,)
Defendants)

Attached hereto is a declaration of service of the summons and complaint upon The Drug

Enforcement Agency (DEA) in the above matter.

Dated: 5/22/08

LAW OFFICES OF
JOSEPH D. O'SULLIVAN

RETURN OF SERVICEService of the Summons and Complaint was made by me¹

DATE

4-30-08

Name of SERVER

Donald M. Brown

TITLE

Paralegal

Check one box below to indicate appropriate method of service

Served Personally upon the Defendant. Place where served:

Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left:

Returned unexecuted:

Other (specify): DEA/HEADQUARTERS by
Registered Mail Return Receipt.

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

May 21, 2008

Date

Signature of Server

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**DEA/HEADQUARTERS
P.O. Box 1475
Quantico, VA
22134-1475**

2. Article Number

(Transfer from service label)

7007 2560 0001 6861 6719

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

R Jenkins

C. Date of

4/30

D. Is delivery address different from item 1?

If YES, enter delivery address below:

 Yes No

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

WALTER C. COOK
L.O. JOE O'SULLIVAN
1500 20TH STREET
SAN FRANCISCO CA 94107

